## REPORT OF RECEIPTS



FEC FORM 3	AND DISBURSEMENTS For An Authorized Committee				
1. NAME OF COMMITTEE (in	TYPE OR PRIN		mple: If typing, typ r the lines.	De 12FE4M5	2/2
ADDRESS (number and street)  5312 BEILINGS AM AUE 43					
Check if did than previous reported. (A	usly	Ey VIIIA	46	CA FI	ZIP CODE A
2. FEC IDENTIFIC	CATION NUMBER V	3. IS THIS REPORT	NEW (N) OI	AMENDED (A)	STATE V DISTRICT
(a) Quarterly R April 19	5 Quarterly Report (Q1) 5 Quarterly Report (Q2)	(b) 12-Day PRE-	Election Report for Primary (12P)  Convention (12C)	General (126) Special (128)	
<u> </u>	or 15 Quarterly Report (Q3) y 31 Year-End Report (YE)	Election on (c) 30-Day POS	r-Election Report f	or the:	State ofSpecial (30S)
Termina	ation Report (TER)	Election on	M M / D	D / Y Y Y Y	in the State of
5. Covering Period 01/01/2013 through 65/5/2015					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer AUII HERMANISE.					
Signature of Treasurer  Date  Date  Date  Date  Date  Document of Treasurer  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.					
Office Use	false, erroneous, or incomp	lete information may s	ubject the person s	geing this Report to the	Penalties of 52 U.S.C. §30109.  FEC FORM 3  (Revised 02/2003)

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